

CITY OF JOHANNESBURG

CITY HEALTH DEPARTMENT

REPORT OF THE MEDICAL OFFICER OF HEALTH

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CITY OF JOHANNESBURG

REPORT OF THE MEDICAL OFFICER OF HEALTH

1971

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CITY OF JOHANNESBURG

REPORT OF THE MEDICAL OFFICER OF HEALTH

1971

HIS WORSHIP THE MAYOR AND COUNCILLORS OF THE CITY OF JOHANNESBURG

Lady and Gentlemen,

I have the honour to present my report for the year 1971, highlighting the work of the City Health Department, vital statistics of the city and matters concerning the health and sanitary circumstances of its communities.

The report concentrates mainly on major changes and developments with only brief reference to routine work.

In April 1971 the services of the City Health Department were re-organised on a functional instead of a geographical basis, but the full impact of this will only be felt in 1972.

A programme to provide increased opportunity for non-White staff utilisation in their own areas is gaining momentum. This will result in a gradual release of White staff to provide more realistic health visitor case loads in the White family health services as well as increased

opportunity for in-service training and participation in the planning of more comprehensive services.

The City Health Department remains a continued source of practical training for various student disciplines, involving health personnel at all levels in demonstrations, lectures and practical work. The health education division is beginning to make a major contribution in disseminating information and influencing public opinion in health matters.

The findings and recommendations of the Deputy Medical Officer of Health following an overseas tour in 1970 were circulated with a view to their implementation as a pilot project for the provision of more comprehensive health services.

N.B. In this report figures shown in parenthesis refer to those of the previous year (1970).

* * *

SECTION I NATURAL CONDITIONS

The City of Johannesburg is situated in latitude 26 degrees 11 minutes south and longitude 28 degrees 4 minutes east, approximately 483 km from the nearest coast. The altitude of the centre of the city is approximately 1 738 m above sea level.

The city lies on a high inland plateau at the northern limit of the highveld area on the crest of the Witwatersrand ridge. This ridge stretches a total distance of approximately 142 km to the east and west and forms one of the main watersheds of the country. All streams are perennial, those on the northern side being tributaries of the Limpopo River and proceeding to the Indian Ocean, while those to the south make their way eventually to the Orange River and the Atlantic Ocean. The only nearby river with a continuous flow is the Vaal River. From the Vaal Dam and the Barrage Reservoir on the River the extensive Witwatersrand area gets its water

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supply. At Vereeniging, where water is abstracted from the Barrage, the level is 305 m below that of Johannesburg 56 km away.

The city is one of the few large, rapidly growing cities of the world which is not located on a navigable river or sea board, with the result that the Jan Smuts Airport has become the major point of entry to the city and the Republic of South Africa. The city is situated at the centre of the Republic's greatest mining, industrial, commercial, financial and manpower complex.

The climate is essentially temperate although Johannesburg is within 3 degrees of the Tropic of Capricorn. Days are bright and warm and nights are cool, with a marked diurnal range of temperature.

The highest maximum monthly temperature recorded by the Weather Bureau at Joubert Park in Johannesburg was 30°C in December, dropping to a minimum, at night, of 10,8°C. The lowest maximum monthly temperature recorded was 16°C, dropping to a minimum temperature, at night, of 6,3°C in June and 6°C in July.

The month of November received the highest rainfall. A total of 192 mm was registered falling on 19 days, as compared with a normal rainfall of 126,5 mm on 13 days. No rainfall occurred in July and August. The normal rainfall in these 2 months is 10,5 mm and 10,1 mm respectively.

	Normal	1971
Total rainfall (mm)	846,9	1 036,2
Days	96	88

SECTION II VITAL STATISTICS

Population

The estimated population of the city at 30 June 1971 based on the 1970 census, corrected for natural increase, immigration and emigration, shows a general increase as compared with 1970 figures which is highest in Bantu and Whites.

YEAR	WHITES COLOUREDS		ASIANS	BANTU	ALL RACES		
1971	431 310 (422 543)	81 767 (79 582)			1 107 917 (1 072 995)		

Death and Infantile Mortality Rates

The infantile mortality rates for the 5-year period ending 1971 are as follows:

		1967	1968	1969	1970	1971
Whites	۵ •	19,61	19,41	22,31	20,26	18,36
Coloureds	• •	62,12	43,52	50,04	66,07	61,94
Asians	• •	25,34	43,89	39,83	29,30	35,91
Bantu	• •	93,22	101,11	100,36	95,48	73,78
All races	• •	68,59	69,23	69,44	63,92	54,55

The infant mortality rate is based on deaths under one year per 1 000 registered live births. Apart from showing the lowest figure for all races during these 5 years, the Whites have reached an all-time low for Johannesburg with a rate of 18,36. At the same time a significant rise has been noted in attendances at White child health clinics, increasing from 93 949 in 1970 to 98 201 in 1971. This result is encouraging to the public

health worker who expends so much time and energy on preventive and promotive health services. Perhaps the day is not far distant when the same result may extend to other population groups.

It is difficult to account for the fluctuating infantile mortality rate of the Asians.

In previous reports comment has been made in regard to the anomaly in the Bantu infantile mortality rates which are calculated on the number of registered births and not on the more reliable figures of notified births. A more accurate picture of the position based on notified births would be a decrease from 70,45 in 1967 to 67,46 in 1971.

In the case of the Coloured population, however, the registered births were 3 229 and the notified births 2 470. Much of the southern area incorporated within the city area in 1970 had practically no health services previously. During home visits since the beginning of 1970 health visitors have stressed the importance of birth registration. This may have resulted in late registrations swelling the 1971 numbers.

Death rates are calculated per 1 000 of population. As in 1969/70, diseases of the circulatory system headed the list of causes of death for Whites and Asians with death rates of 2,87 and 1,86 respectively. In the case of the Coloureds, this group cause of death has taken second place to deaths from accidents, poisoning and violence though the level is also high at 2,09. In the case of the Bantu, the death rate is only 0,87. Bantu maternal mortality rate, in the region of 2,5, has remained high.

Neoplastic disease accounts for 19,07% of the total number of deaths in Whites, but is much lower in the other racial groups. Perhaps longevity rather than racial differences may be a causative factor.

Certain diseases of early infancy came third as a group cause of death in the Bantu with a death rate of 0,97. In the Coloureds it was 1,20, in the Asians 0,72, but only 0,23 for Whites. These diseases relate particularly to the causes of illness and deaths within the first 4 weeks of life, including birth injury, asphyxia and sepsis, and intimate that further improvements are needed in the midwifery services for Coloureds, Asians and Bantu.

Accidents, poisoning and violence as a group cause of death formed a high percentage of the total deaths in all race groups, accounting for approximately 20% of all deaths compared with 16,2% in 1970.

Birth Rates

Only in the White population has the birth rate decreased, the rest showing a steady upward trend. The registered Bantu births increased from 15 000 to 18 554, showing an increased birth rate of 4,42. If birth rate is calculated on notified instead of registered births, the birth rate is further increased to 36,3 instead of 33,36. Family planning does not seem to have had any curbing effect on population increase, except perhaps in the Whites.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES D AND E)

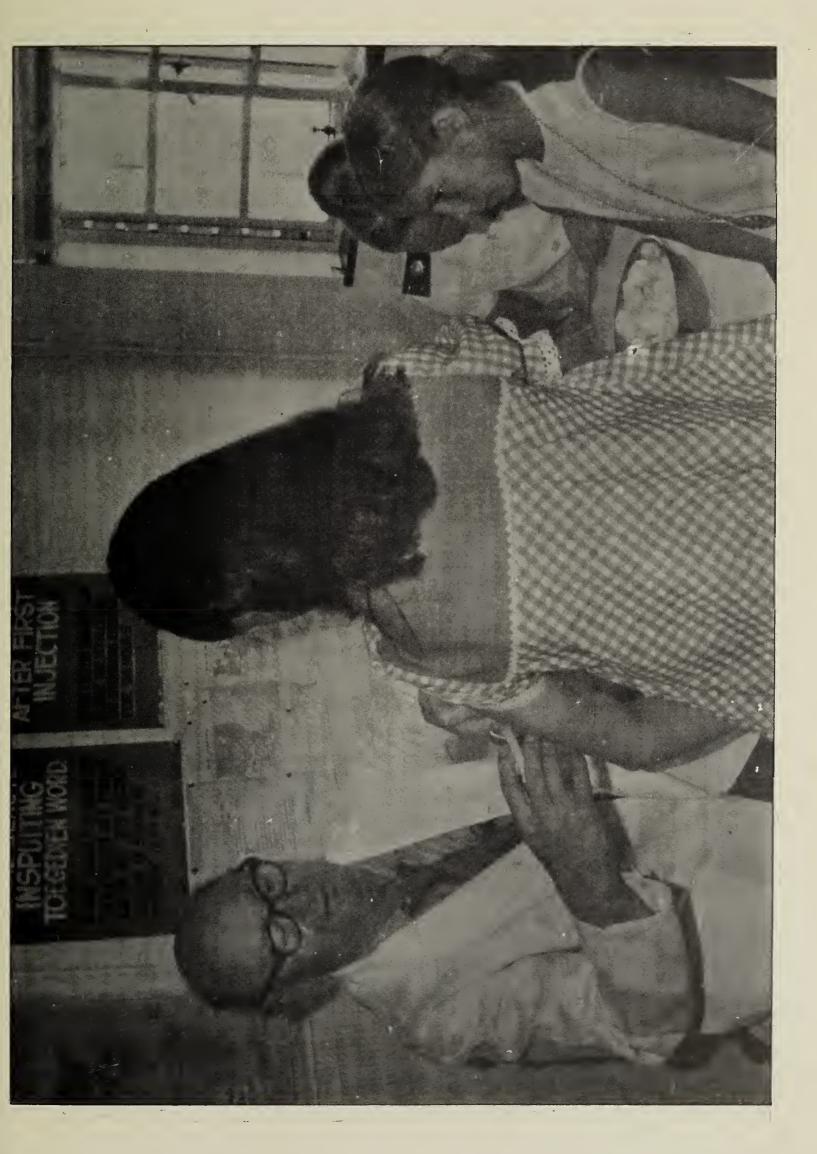
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SECTION III FAMILY HEALTH

Promotive health services in the municipal area include child health clinics, immunisation, a domiciliary health visiting service, health education, family planning, and cancer prevention clinics.

A chronic shortage of medical personnel and priority claims of an expanding family planning service in the Bantu areas resulted in insufficient medical coverage for child health clinics. In other areas part-time medical personnel brought some relief. Much medical responsibility had to be assumed by nurses and health visitors.

In-service training was provided to health personnel by the State Department of Health prior to the introduction





of its Mental Health Clinics operating from Council premises, initially started in the Bantu and Coloured areas.

Extra accommodation was provided for health education and health visitors at Tladi Clinic in Soweto, and a separate family health subsidiary clinic was built at Jabavu. The planned conversion of a disused Nancefield convent into a clinic for Coloureds was delayed and the year ended with the rapidly expanding family health and tuberculosis services being conducted in cramped premises. A new child health clinic was opened in the south, and premises for 2 White child health clinics were acquired in the recently incorporated areas.

Child Health

Child health services are conducted from health centres, subsidiary clinics and 2 mobile vans, one mobile van functions in the city and the other in the Bantu areas. Two additional mobile vans will be available in 1972.

Domiciliary Services

Extensive domiciliary visiting by health visitors is carried out in respect of birth notifications, infant deaths under the age of one year, protected infants, immunisation checks, BCG immunisation of non-White neonates, geriatric cases, social and mental health problems, family planning and cancer prevention clinic defaulters, and follow-up of cases of gastro-enteritis, malnutrition, kwashiorkor and measles.

In the age group 7 to 18 months 13 201 non-White infants were visited in an effort to combat gastro-enteritis. Baragwanath Hospital notified 1 696 of these cases, 128 with associated malnutrition. In addition, 46 other cases of malnutrition, 86 of kwashiorkor and 5 of pellagra were notified and visited.

Immunisation

Immunisation services are provided at infant clinics, primary schools, children's institutions, and other venues for special risk individuals in the Council's employ such as abattoir workers and ambulance personnel. A "booster" campaign in the rural areas of the newly incorporated southern areas complemented the 1970 immunisation campaign.

Measles vaccine was administered to 15 000 non-White infants aged 8 months to 3 years 11 months.

Rubella immunisation was offered to White girls in their first year at high school and to all girls aged 12 years in other population groups.

Rabies immunisation was continued for abattoir workers.

International Immunisation

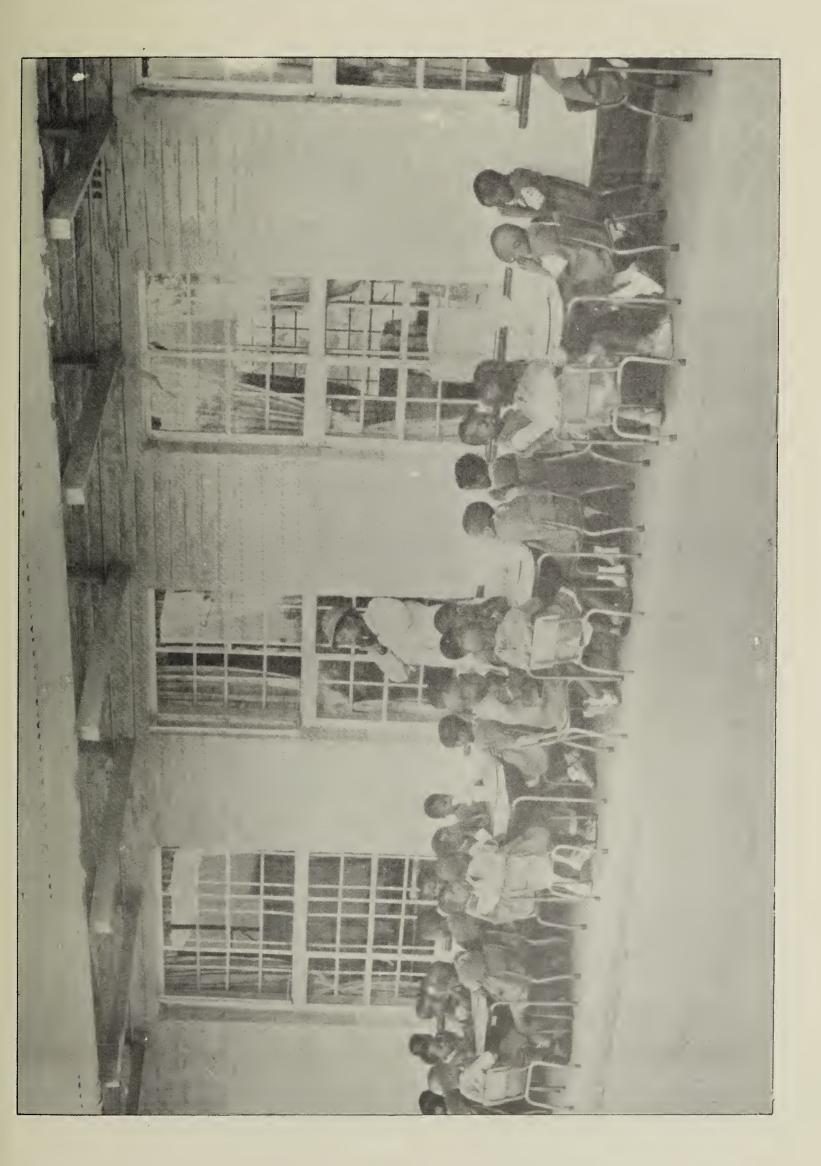
Immunisation is carried out at a special clinic on behalf of the State Department of Health for persons travelling outside the boundaries of the Republic.

Children's Institutions

The envisaged re-organisation and expansion of the section for pre-school institutions to include children up to the age of 18 years, and to control all children's homes, orphanages, afternoon homework centres and child minder services made little progress. By-laws for pre-school institutions are still under consideration.

Regular inspection of nursery schools, places of care, some children's homes and listed child minders were carried out.

Two new Coloured places of care were opened in 1971, bringing the total to 7. In the Bantu areas 41 pre-school institutions accommodate approximately 3 600 children mainly of working mothers. Three of these are operated by the Non-European Affairs Department. In addition to 240 pupils in 2 City Health Department day nurseries,





another 200 will be accommodated when the third Council day nursery is completed in 1972.

Plans for a new day centre operated by the Mental Health Society for mentally defective children in the Bantu areas have been submitted.

Due to shortage of medical personnel, medical examinations of pre-school children have been markedly curtailed, especially in the Bantu areas.

Family Planning

Family planning and cancer prevention services were offered by the Council to Whites from one health centre and to Bantu from 7 clinics. Responsibility for 4 Coloured clinics was transferred to the City Health Department from the Transvaal Family Planning Association.

The Nursing Council granted permission for insertion of vaginal speculae and checking of intra-uterine device insertions by nurses.

Only a limited number of cervical smears were submitted, but this was the maximum that could be handled by the South African Institute for Medical Research.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES F TO K)

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SECTION IV INFECTIOUS AND NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS

The Council still operates the Fever Hospital for Whites, but since 1969 non-White cases of infectious diseases have been sent to the C.M.R. Hospital, administered

by a private company with medical cover by the City Health Department. An out-patient clinic and resident out-patient accommodation for municipal employees are also provided at the C.M.R. Hospital.

During the year 1 329 patients (1 300) were admitted to the Fever Hospital where the number of admissions, deaths and incidence rates of various diseases remained fairly constant. Bacterial meningitis accounted for 61 cases and tuberculous meningitis for 4.

At the C.M.R. Hospital admissions totalled 1 571 (1 090). The morbidity and mortality of measles cases again caused concern. During the last 3 years there were 699, 617 and 940 cases with 39, 20 and 60 deaths respectively. Of the 940 cases in 1971, there were 392 local ones.

During the summer poliomyelitis epidemic of 1971/72 there were one White case and 22 Bantu. Viral hepatitis showed an upward trend, 211 cases being admitted, 2 proving fatal. The discovery of the Australia antigen has made a more specific diagnosis of serum hepatitis possible.

The attendances at treatment centres for venereal diseases continued their upward trend with 6 470 (5 306) new cases. Of the 3 901 attendances at the Bantu Registration Examination Section, 1 247 (1 140) new male cases of gonorrhea and 876 (1 018) of syphilis required treatment. Cases of syphilis presented mainly with primary chancres. A similar observation was made at Orlando Clinic applying to 77% (58%) of proven cases. In females examined at the Registration Centre, the diagnosis of syphilis was based mainly on blood tests, a total of 908 cases needing treatment (3,4%).

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDIX L)

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SECTION V TUBERCULOSIS

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The control of infant malnutrition, poverty and overcrowding should receive high priority in the fight against tuberculosis, especially in the non-White population. During 1971 a total of 3 028 (3 187) cases of pulmonary tuberculosis was notified in Johannesburg of which 2 699 (2 817) were Bantu.

The tuberculosis control programme, initiated in 1968 to increase case finding by annual X-rays of all non-Whites, is now well established.

Number of 70 mm X-rays

At Bantu Registration Examination Centre	136	451	(129 888))
Tuberculosis control programme (Urban areas)	99	293	(95 013))
Tuberculosis control programme (Bantu areas)	45	509	(35 537))
TOTAL	281	253	(260 438)	- - =

In the Whites the use of BCG vaccine is limited to new births in tuberculotic families, institutionalised children, negative tuberculin contacts and groups at risk such as students in medical and para-medical services.

In the non-White community all new births as well as tuberculin negative contacts receive BCG vaccination. Since 1962 all new school entrants in the Coloured areas are tuberculin tested and vaccinated. Grades II, III and IV tuberculin (heaf) reactors attend the 100 mm mobile unit for chest X-rays.

The control programme has also been implemented in the recently incorporated Kliptown/Nancefield areas with a population of approximately 40 000 Coloureds.

In the Bantu areas all children in pre-school institutions are heaf-tested, inoculated if negative reactors, or referred to clinics if positive. The following school programme has also been carried out:

67 697 children in 140 schools were heaf-tested, 25 684 had negative heaf readings,

42 013 had positive heaf readings,

14 700 were X-rayed,

14 622 were issued with INAH tablets, and 145 children and 3 teachers were notified.

At the C.M.R. Hospital 564 (540) non-White patients were admitted to the wards for tuberculotics. Forty-three (40) deaths occurred in these wards, including 8 from tuberculous meningitis.

The Charles Hurwitz SANTA Centre at Baragwanath with 430 beds is visited daily during the week by tuberculosis medical officers of the City Health Department, also providing medical cover at other times. The average length of stay of patients is approximately 4 weeks. Transit beds are provided so that cases from Baragwanath Hospital can be examined and routed to out-patient departments, wards and other local authorities.

In addition to the medical and health visitor services for contact investigation, treatment and follow-up of cases, medical staff are called in for consultation to hospital wards, nursing homes and factories. Industrial sisters employed by a number of factories carry out treatment prescribed by the tuberculosis medical officers.

Social workers attached to the staff and working in collaboration with SANTA investigate cases to obtain assistance for them. Non-White patients receive supplementary foodstuffs at clinics for tuberculotics.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES M TO P)

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SECTION VI ENVIRONMENTAL HEALTH

The increased area, growing population and shortage of health inspectors have intensified the complex problems of environmental health control in Johannesburg. An increase in the number of learner health inspectors from 9 to maximum of 21 has however been authorised.

There has been no abatement in illegal sale of foodstuffs on the streets and in business complexes. Refuse dumping continues on vacant stands and even on pavements. The energies of the depleted inspectorate staff are expended mainly on licensing and the investigation of specific complaints.

Urban renewal continues at Jeppe/Fairview, Fordsburg and Central City, with widespread projected schemes for areas such as Doornfontein and Vrededorp/Pageview.

Although the accent remains on health education, prosecutions for various contraventions of the Public Health Act, the Food, Drugs and Disinfectants Act No. 13 of 1929, as amended, and the Council's By-laws have been necessary.

In Urban Areas

Total number of persons			
prosecuted	• •	2 010	(1 617)
Total number of charges	• •	2 917	(1 783)
Found guilty	• •	2 258	(1 409)
Total fines imposed	• •	R26 766	(R16 775)

In the Coloured areas there were 505 and in the Bantu areas 567 prosecutions under the Public Health Act. Sampling of meat and milk was started on 26 October 1971 in the Bantu areas, resulting in 33 prosecutions under the Food, Drugs and Disinfectants Act. Of these, 32 were finalised, one warrant of arrest issued and R490 paid in fines.

Food Control

Inspections of the market, food factories and licensed food premises are routine procedures. On the whole conditions are satisfactory, but stricter legislative control is being considered in regard to the sale of foodstuffs by hawkers and pavement vendors.

The general cleanliness at the congested Newtown market has been maintained. Owing to an outbreak of Newcastle disease, no dressed poultry was offered for sale at the market. All condemned game and poultry were destroyed at the municipal abattoirs.

Control of sale and meat distribution is also a function of the City Health Department. On advice from the Meat Control Board, some meat supplies from other local authorities were forwarded to processing factories in the municipal area after inspection.

Samples of foodstuffs and swabs taken under the Food, Drugs and Disinfectants Act were submitted to the Division of Health Chemistry, Pretoria, and the South African Institute for Medical Research for analysis.

An increased amount of canned foodstuffs, dressed poultry, fresh fish and processed meat was condemned. Evidence of tuberculosis resulted in the condemnation of 0,12% of meat inspected, but cysticercosis still remains the principal cause for condemnation in bovine and porcine carcases.

Milk

During 1971 the average daily consumption of milk was 314,73 k ℓ . An approximate decrease of 6% in milk consumption seems to be the result of the application of metrication, as one pint (568 m ℓ) was replaced by $\frac{1}{2}$ ℓ (500 m ℓ).

Bulk tankers transport 97% of milk delivered to the city from 743 registered producers, only 3% arriving in cans. Bulk tanks on farms have increased to 673. Eleven pasteurising dairies sell milk and cream in Johannesburg. There are 226 milk shops.

Samples are taken by health inspectors from farm refrigeration tanks, bulk tankers and milk cans. The health inspectors made 482 visits to farms, some of which are situated at a distance of up to 300 km from the city.

Prosecutions for inadequate milk and milk products totalled 181. Long awaited Standard Milk By-laws have been promulgated and amendments proposed.

Eleven cases of bovine tuberculosis in dairy herds were investigated by the Council's veterinarians with the help of the environmental health branch.

The incidence of brucellosis as well as mastitis contamination of milk samples continued to increase.

Water

The average daily consumption of water was 332 M\$\mathcal{l}\$ (343 M\$\mathcal{l}\$) supplied by the Rand Water Board mainly from the Vaal River. Weekly water samples were submitted by the Board for bacteriological and chemical examination, as well as borehole water and miscellaneous samples on behalf of the City Council. A total of 78 boreholes were tested and 8 retested. Three owners were instructed to cease using the water for human consumption.

Routine examination of potable water supply has shown that the quality of reservoir and reticulated water has not been of quite as high a standard as that maintained in 1970.

There are now 711 512 km of water mains in the south-western Bantu areas. With the exception of the unsewered areas of old Pimville, Klipspruit, Nancefield and Klipriviersoog, all sites are provided with a water supply.

Pest Control

Anti-rodent measures for the prevention of the spread of plague are carried out over some 160 km² in the south-western area to the borders of Roodepoort, Alberton and Germiston. Work is also carried out in the veld areas of the Resettlement Board townships of Meadowlands, Diepkloof and the Rand Airport.

Specimens of gerbilles as well as fleas from veld rodents, burrows and dwellings were submitted to the South African Institute for Medical Research. All specimens proved negative for pasteurella pestis and rickettsial diseases.

Routine spraying of water courses and vleis continued for mosquitoes. Offal stalls in the Bantu areas are sprayed periodically especially when fly infestation is heavy.

Treatment of the water at Wemmer Pan is once again allowing fish and plant life to flourish, and resulting in better control of the pest of midges.

Public Conveniences

One new public convenience was opened in 1971. An additional water main connection has been installed at Ellis Park (Tennis Section) to improve the toilet flushing cisterns. A new toilet block is also under construction.

Inspection of Plans

Plans were inspected for compliance with the relevant drainage and health by-laws and regulations.

New plans handled .	•	o •		5	881		(6	842)
Plans re-submitted		• •		4	989		(4	766)
Plans approved .	•	• •		6	315		(6	488)
Value of approved buildings			R88	305	360	(R106	472	980)

Fifty-nine inter-departmental plans were handled. In the Bantu complex some 769 plans for new buildings, additions and alterations to buildings, and drainage were examined and approved. In the hygiene control division 136 plans were examined.

Slums

Thirty-six premises were declared slums and 411 demolition permits granted. Great difficulty is still being experienced in rehousing slum tenants.

Refuse Removal

Refuse tipping sites are well controlled. In the Bantu complex standard type refuse receptacles are provided to each dwelling site and there is a tri-weekly refuse removal service. A total of 477 990 metric tons of refuse was removed by the City Engineer's Department

to destructor and tipping sites, and 520 900 metric tons by commercial and industrial organisations. This includes refuse from the Sandton Municipality which is currently tipped at Lombardy.

Sewage Disposal

There are now 576 440 km of sub and main outfall sewers throughout the Bantu complex. Sewerage reticulation has been progressively maintained with the building development and all premises are connected to the sewer, except old Pimville.

The Coloured areas of Nancefield, Kliptown, Klipriviersoog and Race Course are mostly on night soil pail services but many dwellings, especially in old Nancefield, still have pit closets. Pail services have decreased to 244 (692).

The following figures represent the average flow of sewerage from the metropolitan area, including some neighbouring municipalities as well as Johannesburg.

Sewerage Works:					M ℓ
Northern	0 0	• •	• •	• •	127,7
Olifantsvlei	• •	• 0	0 0	0 0	92,9
Palmietfontein	• •	• •	• •	o •	7,0
Klipspruit	o •	• •	• •	• •	121,7
TOTAL	• •	• •	• •	o •	349,3 Ml

Promotive Hygiene

Health education continued with regard to food handling legislation and kitchen lay-outs, as well as hygiene and sterility in nursing homes, operating theatres and food serving machines. Swabbing of equipment in food premises was done once a week, 895 premises being visited and 1 790 swabs taken. Colony counts exceeded permitted levels in 389 articles tested. Advice was given on correct prodedures.

In co-operation with the staff of the Nursing Homes and Midwives Division, joint inspections were regularly conducted of institutions including those for the aged and handicapped.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES Q TO T)

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SECTION VII HEALTH EDUCATION

The health education division, established in 1968, made solid progress in 1971, continuing on its course of planning, organising, controlling and evaluating of health education programmes and providing assistance and in-service training for staff to put their programmes into operation. Numerous lectures, talks and demonstrations were also undertaken for student groups and different sections of the public.

Important staff changes tended to slow up progress as the Chief Medical Officer (Health Education) was appointed to the position of Assistant Medical Officer of Health (Research and Education) in September 1971, and the vacated post was not filled during the year. A new Senior Public Health Nursing Officer was appointed in May 1971.

A very great step forward was the secondment of a librarian from the Central Municipal Library and the development of a viable reference library service providing liaison with many outside libraries. This library is the first of its kind in a local authority in South Africa and is proving a very valuable asset to the staff.

Much teaching material has been collected and indexed, visual aids made by the technician, 4 films bought and many others previewed for use. Window and branch library displays have stimulated numerous enquiries.

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The structural alteration for a topical health museum was completed. Methods are being considered for its use in in-service training and group education.

The health education division participated in exhibitions organised by the National Council of Women of South Africa and the Union of Jewish Women.

Health education in regard to environmental health is carried out mainly by health inspectors in the hygiene control division of the environmental health branch. A programme in regard to venereal diseases was planned by the health education division for approximately 200 male factory workers. Talks were given by the Divisional Health Inspector (Hygiene Control) with the help of Bantu Health Inspectors.

* * *

SECTION VIII CURATIVE AND MIDWIFERY SERVICES

Curative and midwifery services are conducted on behalf of the Transvaal Provincial Administration from 6 municipal polyclinics in the Bantu areas and one Coloured clinic by approximately 500 full-time staff. Since 1958 the Administration has subsidised these services pending the transfer of executive responsibility to the Province, but to date this transfer has not taken place.

Medical personnel remain in short supply with no recruitment of young or middle aged doctors. Retired medical officers make up 50% of the total complement. A chief medical officer has been appointed to control and organise this service, but increasing clinic attendances and resultant work pressure will lead to difficulties.

Nursing and health visiting personnel are making a major contribution to keep the health services functioning at an efficient level.

Annual curative, ante- and post-natal clinic attendances are in the region of half a million, with an increase of 12,6% in out-patient attendances as compared with 1970 figures. District maternity cases attended by midwives of the City Health Department remain in the region of 5 000 per year.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDIX U)

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SECTION IX LABORATORY AND TECHNICAL SERVICES

The laboratory and technical services branch continues to provide a scientific and technical consultative and laboratory service to municipal departments. It comprises a number of specialised divisions, many of which are permanently seconded to other departments. Thus there are separate laboratories in the Electricity Department at the 2 power stations, 3 laboratories at the sewage purification works, an industrial effluent control division in the City Engineer's Department and laboratories maintained at the gas works and the Bantu beer brewery. The air pollution control and noise abatement divisions also form part of this branch.

The microbiological division handled 10 544 samples of sewage effluent, water dairy products, ice cream, frozen confectionery and Bantu beer, as well as tender and check samples submitted by the Buying Branch. This division also carries out special projects.

The technician seconded to the Abattoir laboratory examines milk samples for evidence of tuberculosis, brucellosis and mastitis as well as antibiotic content.

The analytical chemistry division is called upon to advise on widely diversified topics and has been required to dispose of dangerous or toxic materials which have become outdated, redundant or damaged.





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Two particular investigations with regard to refrigeration of foodstuffs have been of general interest. In the first instance, the cooling of foodstuffs by means of solid carbon dioxide during transportation was investigated. In the second case, a considerable mass of frozen meat was exposed to ammonia fumes from leaking refrigeration coils, but was considered to be perfectly edible when exposed to conventional cooking procedures, though unsuitable for canning processes.

Routine monitoring of all industrial effluent discharges has continued. In some instances deadlines have been set when toxic material discharged must comply with the prescribed concentrations.

* * *

SECTION X AIR POLLUTION CONTROL

The second Smoke Control Zone in the campaign against air pollution became effective in October 1971 in an area containing approximately 2 000 private dwellings and 650 large buildings. Many of the buildings are old and may be demolished within the next few years, therefore it has not always been practicable to replace coal-fired combustion stoves with electric geysers. Promulgation of the third Smoke Control Zone is expected in 1972.

The City of Johannesburg has been allowed to enforce the regulations contained in Part V of the Atmospheric Pollution Prevention Act of 1965 for an experimental period of one year from August 1971 to control the emission of fumes by diesel-engined vehicles. A mobile testing unit measures smoke emissions on the road and notices are issued to enforce the law.

Coal-burning cooking stoves are being produced which emit only about 10% to 15% of smoke emitted by conventional stoves. If these are used in the Bantu areas at the present high rate of replacement, it is estimated that a 50% improvement can be expected in the next decade in existing smoke levels in these areas.

Vegetation is being established on sand and slimes dumps resulting from mining operations with the primary aim of air pollution control.

Continuous smoke monitoring is carried out at 12 stations, including an additional point provided at the Workers' Rehabilitation Hospital at Sans Souci.

Recording of sulphur dioxide levels have been discontinued as these were not found to be dangerously high. The analyser will be re-installed in the Bantu areas at a future date.

Under adverse weather conditions and at traffic peak hours a high concentration of carbon monoxide has been recorded.

Following spot checks, it is proposed to institute a routine monitoring programme for lead contaminant to provide basic background data against which changes can readily be detected.

Complaints attended to	408
Applications for approval of	
fuel burning appliances	147
Plans processed	114

* * *

SECTION XI NOISE ABATEMENT

The activities of the noise control division continue to be guided by the Noise Abatement Committee. Comprehensive by-laws dealing with noise control are needed and are being drafted. Such by-laws should also be of assistance to the National Committee which has been constituted by the South African Bureau of Standards to draft uniform noise abatement by-laws for all local authorities.

A sum of R13 400 has been made available for publicity purposes. An informative booklet is being produced and audio-visual slide lectures prepared.

23.

REPORT OF THE MEDICAL OFFICER OF HEALTH

In the field of building demolition some consideration has been given to the use of electrically driven compressors and acoustic screens to minimise noise on demolition sites. By-laws have been drafted to limit building activities to certain specific hours.

With the commissioning of the noise testing centre at the Council's Motor Vehicle Testing Station, a milestone has been reached in the control of vehicular traffic noise. With the collaboration of the Traffic Department, several evening campaigns have been carried out to prosecute owners of vehicles producing excessive noise. Six traffic officers received specific training in the detection of such vehicles. City Councillors appointed as Honorary Noise Wardens have been requested to notify the Noise Control Division of the registration numbers of offending vehicles.

Instruments and techniques are being developed to record levels of sound and to collect data needed for the investigation of complaints.

* * *

SECTION XII HOUSING

Council-owned housing for the White population of Johannesburg is controlled and administered by the housing branch of the City Health Department. For Coloureds this is the function of the Coloured and Asian Division of the Clerk of the Council's Department, and for the Bantu it is that of the Non-European Affairs Department.

The housing situation remains disturbing. By 31 December 1971 there was a total of 6 323 housing units for Coloureds and 67 155 for Bantu, controlled by the City Council, with a waiting list of 3 016 for Coloured and 3 412 for Bantu families. These figures do not reflect the waiting list for houses controlled by the Department of Community Development for Whites, Coloureds and Asians.

The remainder of this section refers to housing for Whites only.

Excluding the land selling schemes which are also controlled by the Department, there were 3 625 housing units comprising houses, flats and flatlets for the aged under its control as at 31 December 1971. Included in this total are 184 new units built by the Council in 1971.

In its various housing and land selling schemes the Council has provided housing accommodation for approximately 5 000 families comprising approximately 25 000 persons.

At 31 December 1971 there was evidence of a considerable drop in the waiting list figures as compared with the 1970 figures, which indicates that the Council is within sight of overcoming the acute housing shortage which has prevailed since 1964.

During the year an Ad Hoc Housing Committee was appointed by the Management Committee to streamline the procedures for the planning of housing schemes and the submission of applications for the necessary approvals in order to enable work on these projects to start sooner than has been the case in the past.

The most disturbing problem in the building sector today is that of rising costs. These are steadily increasing at such a rate that it is virtually impossible to keep the finished cost of a scheme within the original estimate and the amount approved for it by the National Housing Commission, with the result that rentals charged by the Council are increasing to such an extent that only the higher earners in the middle income group are able to afford accommodation in the newly built units.

The position with regard to industrialised methods of construction remains as previously reported. Work on the 16 storey block of 79 flats in the Bellavista Estate complex is virtually complete, and very acceptable standards of quality and finish have been achieved. There are no further schemes employing industrialised methods of construction either in progress or contemplated.

Two major amendments to the Housing Code resulting from decisions by the National Housing Commission were effected during the year. These were -

(a) Increase in income limits

As from 1 April 1971 new income limits were introduced for applicants and tenants in ECONOMIC schemes as follows (the previous income limits are shown in brackets):

	Maximum Inco	•
Married couples with no dependant children	R270	(R225)
Married couples with 1 or 2 dependant children	R300	(R250)
Married couples with 3 or 4 dependant children	R360	(R300)
Married couples with 5 or more dependant children	R400	(R300)

(b) Increase in interest rates

On 1 May 1971 the National Housing Commission increased its loan interest rates from 7 1/4% to 8% per annum in respect of economic housing loans and from 3/4% to 1% for sub-economic loans.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES V AND W)

* * *

SECTION XIII SUNDRY SERVICES

Bantu Medical Examinations

The City Health Department provides medical examinations for all Bantu workseekers for the Council's Non-European Affairs Department. The service is compulsory for males and voluntary for females. It includes chest X-rays and blood tests and plays an important role in the control of infectious diseases such as smallpox, tuberculosis and venereal diseases.

The number of persons dealt with during the year produced a new record total of 168 035, showing an increase of 1,4% on the previous year, the number of females examined increasing by 13,4%.

There were 558 new notifications of pulmonary tuberculosis, consisting of 527 males and 31 females, seemingly asymptomatic but detected on X-ray findings. In addition, 488 male and 6 female defaulters, previously notified, were referred back to their relevant clinics.

Cases found on examination or blood test to be suffering from venereal diseases were treated.

The planning of a major extension to the Examination Section was completed and work commenced in October.

Medical Services for non-White Municipal Employees

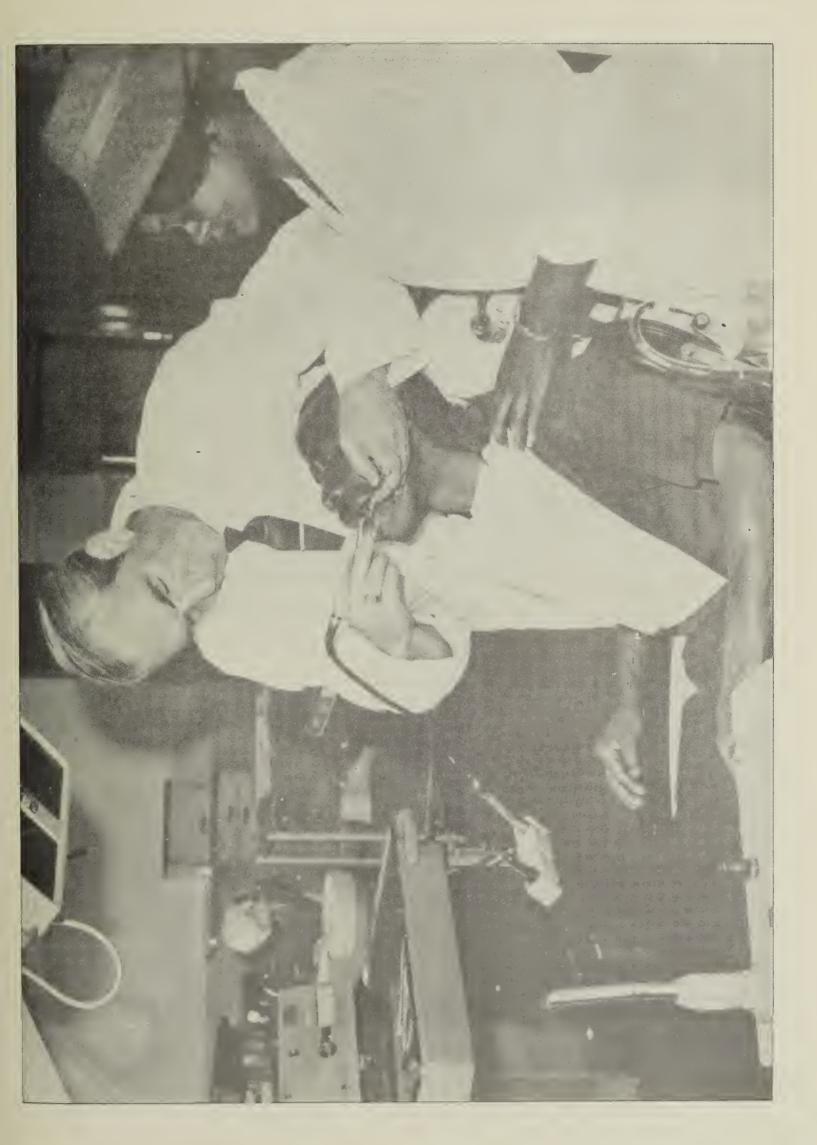
At the Bantu Registration Examination Section 4 192 new recruits for municipal employment were examined. Staff were also checked for eligibility for pension fund membership, fitness in the over 60 age group, temporary medical examinations and boarding. Sick employees were referred to the compound managers and C.M.R. Hospital for checking and treatment.

There were 11 349 attendances at the municipal outpatient clinics of the C.M.R. Hospital during the year. In 1970 40 beds were allocated at this Hospital for resident municipal out-patients.

Dental Services

Dental services were rendered from 4 Bantu clinics. All the schools in the Orlando area were visited and an increased number of school children treated. In Moroka only one school could be checked and treatment had to be postponed until 1972.

All Soweto creches were inspected and limited treatment carried out, but transport to the clinic is needed. Clinic facilities were available for ante-natal cases at Orlando and tuberculosis cases at Orlando and Mofolo South, but mostly extractions were done and little conservative treatment carried out. The Charles Hurwitz SANTA Centre was visited by a dentist once a week.





27.

REPORT OF THE MEDICAL OFFICER OF HEALTH

Disinfecting Service

The disinfecting service is provided by the City Health Department for many of its own services, the public and the city's private hospitals and nursing homes. Steam autoclaving and ethylene oxide sterilisation are used for purposes of sterilising and disinfecting. Deverminisation of individuals is supervised and directed by the health visiting staff.

The new disinfecting station is scheduled for completion in 1972. As the central sterile store department is nearing completion, arrangements have been made with the Natalspruit Hospital authorities for 2 registered nurses to receive in-service training in the sterile unit of the hospital for one month in 1972.

Dispensary Service

The manufacture and supply of dispensed medicaments and the issuing of milk powder continued as in previous years. Poliomyelitis, measles and rubella vaccines were stored and despatched under refrigeration to the immunisation services. In mid October samples from every batch of measles vaccine in stock at the stores and clinics were sent to the Poliomyelitis Research Foundation for testing.

As from April 1971 materials for the 14 family planning clinics are supplied by the State Department of Health and distributed from the dispensary.

During the year all procedures and packings were metricated, necessitating reformulation of medications as well as rewording and redesigning of labels.

Control of Nursing Homes and Midwives

The work undertaken by the staff of the nursing homes and midwives division during the year included annual inspection and licensing of nursing homes, homes for the aged and other institutions, issuing of health certificates in terms of regulations under the Aged Persons' Act, and listing and control of midwives. Certain aspects of the work are carried out in collaboration with members of the hygiene control division of the health inspectorate.

As a result of amendments to the Nursing Home By-laws (Administrator's Notice No. 49 dated 24 April 1971), operating theatre units unattached to nursing homes were excluded from these By-laws.

In Johannesburg 45 homes, of which 34 need licences, provide accommodation for 2 814 aged persons, including 710 beds for the sick. There are 2 homes accommodating Coloured aged persons.

A midwifery service in the Kliptown/Nancefield/Protea area is urgently required. It has become a prescribed area as regards midwifery practice, but at present the rules cannot be enforced due to a lack of trained persons.

Nine cases of puerperal sepsis were notified, but these patients were delivered and nursed in hospital. The Council's midwives were not implicated in any way.

(STATISTICS FOR THIS SECTION ARE CONTAINED IN APPENDICES X TO Z)

In conclusion I wish to express my sincere thanks to the Chairmen and members of the Management and Health and Amenities Committees for sympathetic handling of the many problems which arise in the running of this as in any other large department, to His Worship the Mayor and Councillors for their willing assistance, and to the Town Clerk, heads of municipal departments and their staffs for excellent co-operation at all times.

I would also like to express my gratitude to all members of the staff of the City Health Department for their loyalty and conscientious performance of duties under difficult circumstances caused by personnel shortage.

A debt of gratitude is also owing to the Press and the South African Broadcasting Corporation for their part in disseminating information to the public, and to the central and regional offices of the State Department of Health, the Director of Hospital Services and his staff, the South African Institute for Medical Research and a number of other organisations with whom excellent liaison has been possible during the year.

ALEXANDER H. SMITH,
M.B., Ch.B., D.P.H., D.T.M. & H.,
F.R.S.H.

MEDICAL OFFICER OF HEALTH

HON. PROFESSOR, URBAN HEALTH ADMINISTRATION, UNIVERSITY OF THE WITWATERSRAND.

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Home visits by tuberculosis staff	N
BCG inoculations	N
Tuberculosis cases receiving domiciliary and out-patient treatment	0
Hospitalisation of tuberculosis cases	0
Attendances at tuberculosis clinics	Р
Inspections by health inspectors	Q
Foodstuffs from wholesale and retail suppliers	~
condemned	0

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market	• Q
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Control of nursing homes and institutions	. Z
Control of midwives	. Z

HEALTH AND AMENITIES COMMITTEE 1971

COUNCILLORS:

A. B. Widman, M.P.C.

(Chairman to 28 February 1971)

M. Sklaar (Chairman from 1 March 1971)

Dr. A. D. Bensusan

Brig. J. T. Durrant

W. C. J. B. du Toit

A. Gorshel, J.P.

Prof. H. L. Krige

I. Myers

Dr. J. S. Otto

Dr. C. J. Ross-Spencer

H. M. J. van Rensburg

* * *

MEDICAL OFFICER OF HEALTH:

A. H. Smith

M.B., Ch.B., D.P.H., D.T.M. & H.,

F.R.S.H.

DEPUTY MEDICAL OFFICER

OF HEALTH:

I. W. F. Spencer,

M.B., B.Ch., M.D., D.P.H.,

D.T.M. & H., F.R.S.H.

ASSISTANT MEDICAL OFFICERS

OF HEALTH:

B. R. Richard

M.B., B.Ch., D.P.H.

T. H. Stewart

M.B., B.Ch., D.P.H.

S. Johnson

M.B., Ch.B., D.P.H.

APPENDIX B

REPORT OF THE MEDICAL OFFICER OF HEALTH

STAFF ESTABLISHMENT AT 31 DECEMBER 1971

Medical Officer of Health	• •	• •	• •	1
Deputy Medical Officer of Health	• •	••	• •	1
Assistant Medical Officers of Healt	h	• •	• •	3
Chief Medical Officers	• •	• •	• •	5
Medical Superintendent (Infectious	Dise	ases	;	
Hospitals)	• •	• •	• •	1
Senior Medical Officers	• •	• •	• •	7
Medical Officers (White and non-Whi	te)	• •	• •	51
Senior Dental Officer	• •	• •	• •	1
Dental Officers (White and non-Whit	e)	• •	• •	6
Chief Chemist	• •	• •	• •	1
Assistant Chief Chemist	• •	• •	• •	1
Principal Chemists	• •	•• _	• •	6
Chemists and Laboratory Assistants		• •	• •	26
Noise Control Officer	• •	• •	• •	1
Assistant Noise Control Officer	o •	• •	• •	1
Inspectors (Noise Control)	• •	• •	• •	3
Senior Bacteriologist	••	• •	• •	1
Chief Pharmacist	• •	••	• •	1
Pharmacists	• •	• •	• •	2
Chief Health Inspector	• •	• •	• •	1
Assistant Chief Health Inspectors	• •	••	• •	2
Divisional Health Inspectors	••		• •	6
Senior Health Inspectors	• •	• •	• •	14
Health Inspectors	• •	• •	• •	66
Learner Health Inspectors	• •	• •	• •	9
Pest Control Inspectors	• •	• •	• •	2
Assistant Inspector (Pest Control)		••	• •	1
Pest Control Overseers	••	• •	• •	26
Air Pollution Control Officer	••	• •	• •	1
Senior Inspector (Air Pollution Con	trol)	• •	1
Air Pollution Control Inspectors	• •	• •		10
Industrial Effluents Inspector		• •	• •	1

oniel rublic health nursing officer	• •	• •	Т
Senior Public Health Nursing Officers		• •	6
Health Visitors	• •	• •	77
Learner Health Visitors	• •	• •	12
Orthopaedic After-Care Sister	• •	• •	1
Nursing Sisters (Tuberculosis)	• •	• •	5
Nursing Sisters (Immunisation)	• •	• •	9
Clinic Attendants	• •	• •	8
Radiographers	• •	• •	2
Technicians (X-ray)	• •	• •	5
Technician (Laboratory)	• •	• •	1
Technical Assistant (Laboratory)	• •	• •	1
Technician (Health Education)	• •	• •	1
Sampler (Industrial Effluents and Wate	er)		1
Inspectresses of Children's Institution	ons		2
Assistant Inspectresses of Children's Institutions			2
Senior Supervisor (Nursery Schools)	• 0	• •	1
Housing Manager	• •	• •	1
Assistant Housing Manager	• •	• •	1
Chief Housing Supervisor	• 0	• •	1
Research and Community Development Off	fice	r	1
Senior Housing Supervisors	• •	• •	2
Housing Allocation Officers		• •	2
Housing Supervisors		• •	23
District Housing Supervisors		• •	2
Supervisors (Maintenance)	• •	• •	2
Chemical Engineering Students	• •	• •	3
Principal/Chief Housing Assistant		• •	1
Caretakers (Housing Schemes)	• •	• •	23
Caretakers (Flats)		• •	2
Matron (Girls' Hostel)	• •	• •	1
Assistant Matron (Girls' Hostel)	• •	• •	1
Senior Canvasser (Tuberculosis Control	1)	• •	1

APPENDIX B

Canvassers (Tuberculosis Control) 7	
Superintendent (Transport and Disinfecting) 1	
Supervisor (Transport and Disinfecting) 1	
Disinfectors 4	
Staff Chargehand - Garage 1	
Mechanics 4	
Driver 1	
Supervisors (Rest Rooms and Public Conveniences)	
Attendants (Rest Rooms and Public Conveniences)	
Chief Administrative Officer	
Administrative Officers	
Senior Administrative Assistants 4	
Administrative Assistants 12	
Senior Recorder	
Recorders 4	
Records Officer and Assistants 4	
Woman Assistants (Clerical) 32	
Secretaries and Typists 17	
Telephonists 2	
	61.6
Supervising Health Inspectors (Bantu) 2	
Health Inspectors (Bantu) 20	
Health Inspectors (Coloured) 4	
Health Inspectors (Asian) 2	
Health Visitors (Bantu) 41	
Learner Health Visitors (Bantu) 6	
Health Visitor (Asian) 1	
Health Visitors (Coloured) 8	
Matron (Bantu)	
Night Superintendent (Bantu) 1	
Senior Sisters (Bantu) 5	
Senior Midwives (Bantu) 2	

Sister (Coloured/Asian)	. 1
Nursing Sisters (Bantu)	. 286
Nursing Sisters (Coloured)	. 17
Nursing Sister (Asian)	. 1
Dentist's Assistants (Bantu)	. 9
Orderlies (Clinic, Hospital, Medical and X-ray) (Bantu)	. 13
Orderlies (Clinic) (Female)	. 2
Clinic Assistants (Bantu)	. 60
Clinic Assistants (Coloured)	. 4
Radiographers (Bantu)	. 2
Technical Assistants (Bantu)	. 2
Darkroom Assistants (Bantu)	. 3
Driver/Darkroom Assistant (Coloured) .	. 1
Senior Assistant Supervisors (Nursery Schools) (Bantu)	. 3
Assistant Supervisors (Nursery Schools) (Bantu)	. 11
Clerks and Recorders (Bantu)	. 75
Clerks (Female) (Bantu)	. 2
Printing Machine Operator (Bantu)	. 1
Clerks (Coloured)	• 4
Clerk (Female) (Asian)	. 1
Clerks (Female) (Coloured)	. 2
Driver/Clerks (Bantu)	• 5
Community Services Assistants (Coloureds)	2
Drivers (Bantu)	44
Supervisors (Bantu)	. 12
Typist/Clerks (Bantu)	. 2
Boiler Demonstrators (Bantu)	. 6
Cooks (Bantu)	. 3
Public Convenience and Rest Room Attendant (Bantu)	s • 128
Messengers, Nightwatchmen, Labourers, etc. (Bantu)	. 319
Labourers (Coloured)	$\frac{7}{173}$
	1 10

APPENDIX B

REPORT OF THE MEDICAL OFFICER OF HEALTH

Part-time Posts

Consultant Physician	• •	• •	• •	• •	• •		1
Consultant Paediatri	cian	• •	• •	• •	• •	• •	1
Specialist in Physic	al Me	dici	ne	• •	• •	• •	1
Radiologists	, • •	••	• •	• •	• •	• •	3
Consultant Venereolo	gist	• •	••	• •	• •	• •	1
Medical Officers	• •	• •	• •	• •	• •	• •	3
Clinic Orderly	• •	• •	• •	• •	• •	• •	1
Clerk/Orderly			• •		• •		1

FINANCIAL DETAILS

Health Services

	GROSS EXPENDITURE	INCOME	DEFICIT
1970/71	R 4 429 768	R 2 183 495	R 2 246 273
1969/70	3 882 530	1 961 227	1 921 303

Housing for Whites

	GROSS EXPENDITURE	INCOME	DEFICIT
1970/71 1969/70	R 1 393 960 1 194 459	R 1 103 399 929 729	R 290 561 264 730

Refunds and subsidies received from Central and Provincial Governments, included under "Income"

	CENTRAL	PROVINCIAL	TOTAL
	R	R	R
1970/71 1969/70	1 217 049 1 111 057	782 549 694 617	1 999 598 1 805 674

APPENDIX D

REPORT OF THE MEDICAL OFFICER OF HEALTH

30,29 48 1,60 879 63,92 902 27,73 10,47 810 556 218 533 060 1 107 917 1 072 995 29 394 11 237 1970 ∞ ALL RACES 33,24 54,55 1,52 10,35 796 945 29,72 11 470 50 32 923 1971 10 28,94 51,60 11,74 95,48 39 2,53 6 257 992 2 437 15 050 1970 BANTU 18 554 73,78 6 664 52,41 11,98 369 2,53 33,36 9 724 1971 1 024 3,52 36 212 30 27,04 29,30 0 1,91 5,61 1970 37 ASIANS 35,91 46 33,17 4,84 38 622 62 nil 1 281 290 7,51 nil 1971 38,99 25,85 70,99 0,63 802 918 205 79 582 11,54 3 103 1970 COLOUREDS 61,94 3 229 11,42 26,85 934 200 39,49 81 767 867 nil nil 1971 20,26 0,48 2,92 543 298 3 850 5 24,18 9,11 207 10 217 1970 431 310 422 WHITES 6 8 8 5 9 22,86 18,36 3 582 0,30 289 2,93 8,30 181 1971 • Infantile deaths births (no. of) mortality rate mortality rate Maternal deaths Deaths (no. of) Births (no. of) birth rate .. Illegitimate Illegitimate Birth rate Population Death rate Infantile (no. of) (no. of) Maternal

PRINCIPAL VITAL STATISTICS

SUMMARY OF DETAILED LIST OF DISEASES, INJURIES AND CAUSES OF DEATH (CORRECTED FOR OUTWARD TRANSFER)

	OF I	ΕΆΤΙ	Н			DEATHS	RATE	% OF TOTAL
I.								,
Infective and	Para	siti	c Di	seas	es			
Whites	• •	• •	• •	• •	0 •	58	0,13	1,62
Coloureds		• •	• •		• •	35	0,43	3,75
Asians Bantu	• •	• •	• •	• •	• •	354	0,05 0,64	0,69
	• •	• •	• •	• •	• •			1 11
All races	• •	• •	• •	• •	• •	449	0,41	3,91
II.								
Neoplasms								
Whites	• •			0.	• •	683	1,58	19,07
Coloureds	• •	••	• •	• •	• •	73	0,89	7,82
Asians		• •	• •	• •	• •	23	0,60	7,93
Bantu	• •	• •	• •	• •		373	0,67	5,60
All races	• •	o •	• •	• •	۰ •	1 152	1,04	10,04
III.								
Allergic, Endo	crin	e Sy	stem	l ,				
Metabolic and	Nutr	itio	nal	Dise	ases			
Whites	• 0	• •	• •	• •	• 0	98	0,23	2,73
Coloureds	• •	••	••	••	• •	21	0,26	2,25
Coloureds Asians	• •	••	••	• •	• •	21 25	0,26 0,65	2,25 8,62
Coloureds	• •	• •	••	••	• •	21	0,26	2,25 8,62 3,03
Coloureds Asians	• • •	•••	• •	• •	• •	21 25	0,26 0,65	2,25 8,62
Coloureds Asians Bantu All races	• •	•••	•••	• •	• •	21 25 202	0,26 0,65 0,36	2,25 8,62 3,03
Coloureds Asians Bantu All races IV.	• •	• •	••• •• ••	 Bloo	• • • • • • • • • • • • • • • • • • •	21 25 202	0,26 0,65 0,36	2,25 8,62 3,03
Coloureds Asians Bantu All races	e Blo	• •	and	Bloo	d-	21 25 202	0,26 0,65 0,36	2,25 8,62 3,03
Coloureds Asians Bantu All races IV. Diseases of the	e Blo	• •	and	Bloo	d-	21 25 202	0,26 0,65 0,36 0,31	2,25 8,62 3,03 3,02
Coloureds Asians Bantu All races IV. Diseases of the forming organs Whites Coloureds	e Blo	• •	and	Bloo	d-	21 25 202 346 18 4	0,26 0,65 0,36 0,31	2,25 8,62 3,03 3,02
Coloureds Asians Bantu All races IV. Diseases of the forming organs Whites Coloureds Asians	e Blo		and	• •	d-	21 25 202 346 18 4 nil	0,26 0,65 0,36 0,31 0,04 0,05 nil	2,25 8,62 3,03 3,02 0,50 0,43 nil
Coloureds Asians Bantu All races IV. Diseases of the forming organs Whites Coloureds	e Blo		and	••	d-	21 25 202 346 18 4	0,26 0,65 0,36 0,31	2,25 8,62 3,03 3,02

	CAUSE	OF I	DEATI	I			DEATHS	RATE	% OF TOTAL
	ntal, Psycho rsonality Di			and	Ĺ				
	Whites	• •	• •	• •	• •	• •	9	0,02	0,25
	Coloureds	• •	• •	• •	• •	• •	2	0,02	0,21
	Asians	• •		• •	• •	• •	nil	nil	nil
	Bantu	• •	• •	• •	• •	• •	13	0,02	0,19
	All races	• •	••	• •	• •	• •	24	0,02	0,22
VI.									
	seases of th d Sense Orga		rvou	s Sy	rstem	ı	·		
	Whites				• •		359	0,83	10,02
	Coloureds	••	••	••	• •	• •	70	0,85	7,49
	Asians	• •	0 0	• •	• •	• •	32	0,82	11,03
	Bantu	• •	0 0	• •	• •	• •	454	0,82	6,81
	All races	• •	• •	• •	• •	• 0	915	0,83	7,98
VII									,
	seases of th	e Ci	rcul	ator	у Ѕу	stem			
	Whites	• •	• •	• 0	• •	• •	1 242	2,87	34,67
	Coloureds	• •	• •	• •	• •	• •	171	2,09	18,31
	Asians	• •	• •	• •	• •	• •	72	1,86	24,83
	Bantu	• •	• •	• •	• • •	••	540	0,87	8,10
	All races	• •	• •	• •	• •	• •	2 025	1,93	17,65
VIII		<u>.</u>			~				
Dı	seases of th	е Ке	spir	ator	у Ѕу	stem	*		
	Whites	• •	• •	• •	• •	• •	322	0,75	8,99
	Coloureds	• •	• •	• •	• •	• •	104	1,27	11,13
	Asians Bantu	• •	• •	• •	• •	• •	34 517	0,88	11,72
		••	••	• •	• •	• •	517	0,93	7,76
	All races	• •	• •	• •	• •	• •	977	0,88	8,52
IX.					~				
Di	seases of th	e Di	gest	ive	Syst	em			
	Whites	• •	• •	• •	• •	• •	167	0,39	4,66
	Coloureds	• •	• •	• •	• •	• •	75	0,92	8,03
	Asians	• •	• •	• •	• •	• •	22	0,57	7,59
	Bantu	• •	• •	• •	• •	• •	528	0,95	7,92
	All races						792	0,71	6,90

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
X. Diseases of the Genito-urinary System			
Whites	28 9 5 71	0,06 0,11 0,13 0,13	0,78 0,96 1,72 1,07
All races	113	0,10	9,85
XI. Diseases and Complications of Pregnancy, Childbirth and the Puerperium			
Whites	nil nil 47	0,08 nil nil 0,08	0,99 nil nil 0,71
All races	50	0,05	0,44
XII. Diseases of the Skin and Cellular Tissue Whites	l nil nil	0,002 nil nil	0,03 nil nil
Bantu	4	0,007	0,06
XIII. Diseases of the Bones and Organs of Movement	5	0,005	0,04
Whites	8 4 nil 10	0,02 0,05 nil 0,02	0,22 0,43 nil 0,15
XIV. Congenital Malformations	22	0,02	0,19
Whites	41 10 4 53	0,10 0,12 0,10 0,10	1,14 1,07 1,38 0,79
All races	108	0,10	0,96

APPENDIX E

REPORT OF THE MEDICAL OFFICER OF HEALTH

CAUSE OF DEATH	DEATHS	RATE	% OF TOTAL
XV. Certain Diseases of Early Infancy			
Whites	101 98 28 541	0,23 1,20 0,72 0,97	2,82 10,49 9,66 8,12
All races	768	0,68	6,70
XVI. Symptoms, Senility and Ill-defined Conditions Whites	91 85 7 1 222 1 405	0,22 1,04 0,18 2,20	2,54 9,10 2,41 18,34 12,25
XVII. Alternative Classifications of Accidents, Poisonings and Violence (External Cause)			
Whites Coloureds	353 173 36 1 716	0,82 2,12 0,93 3,09	9,85 18,52 12,41 25,75
All races	2 278	2,06	19,86

ATTENDANCES AT CHILD HEALTH CLINICS

	1971	1970
Whites	98 201	93 949
Coloureds	35 393	36 986
Asians	4 249	4 022
Bantu - in Bantu areas in City All races	216 541) 9 059) 225 600 363 443	201 448) 8 253) 209 701* 344 658*

^{*} Corrected figures omitting attendances for immunisation which were included in 1969/70 report.

* * *

MEDICAL EXAMINATIONS AT CHILD HEALTH CLINICS

	1971	1970
Whites	11 831	11 786
Coloureds	7 502	5 769
Asians	1 070	797
Bantu	15 906	20 656*
All races	36 309	39 008*

^{*} In 1970 medical examinations at nursery schools in the Bantu areas were included, but have been omitted in 1971 figures.

APPENDIX G

REPORT OF THE MEDICAL OFFICER OF HEALTH

MEDICAL EXAMINATIONS OF CHILDREN IN PRE-SCHOOL INSTITUTIONS

,	1971	1970
Whites	1 870	1 744
Coloureds	408	166
Bantu	3 095	4 751
All races	5 373	6 661

* * *

HOME VISITS AND BIRTHS INVESTIGATED BY HEALTH VISITORS

	HOME V	/ISITS	BIR INVEST	
	1971	1970	1971	1970
Whites	37 286	38 819	9 728	9 741
Coloureds	16 107	17 932	3 492	2 810
Asians	3 082	2 483	1 285	955
Bantu	86 369	102 270	18 642*	17 734
All races	142 844	161 504	33 147	31 240
	- *			

^{*} Of this total 16 674 births investigated were in the Bantu areas and 1 968 in the White areas.

APPENDIX H

REPORT OF THE MEDICAL OFFICER OF HEALTH

CHILD HEALTH CLINICS

		VENUES		TOTAL NO. OF
	HEALTH CENTRES	SUBSIDIARY CLINICS	MOBILE CLINICS	WEEKLY SESSIONS
Whites	1	34	_	* 44
Coloureds	1	6	3	14
Asians	-	2	-	2
Bantu	2	7	6	41
All races	4	49	9	101

^{*} More than one clinic session may be held at same venues.

FAMILY PLANNING AND CANCER PREVENTION CLINICS

719 646 245 332 220 371 786 540 420 nil 0261 464 351 16 6 26 1 1 893 7 725 16 511 241 887 250 303 159 751 702 920 1971 30 21 977 FROM DECEMBER 1971 COLOUREDS 610 508 383 19 59 19 nil nil 1 1 1 1970 692 236 103 133 nil 367 390 19 nil nil nil WHITES 296 598 1971 367 237 35 nil 18 nil 14 87 nil 384 investigation(excepting for cervical No. of persons referred for medical No. of intra-uterine devices on other contraceptives No. of cervical smears receiving injections receiving treatment receiving tablets No. of individuals -Total Visits .. re-inserted First Visits extruded positive inserted * doubtful removed takensmears)

Individuals referred for further investigation following cervical smear examination

TU	1970		3 18	19 513	_	24 310	٦		989 95	2 3	nil	nil	nil		6	∞ ∞	194 530
BANTU	1971		2	13 872	nil	32 070	544	63 001	41 715		3 410		41		63 001	38	
INS	1970			605	nil	618	7	1 058	7	450	nil	nil	9		05	5 027	29
ASIANS	1971		1 127	830	nil	3 189	nil		2 368		458	1 051	nil		2 304	7 203	10 808
REDS	1970		13	1 820	nil	3 513	23	98	4 568	80	nil	nil			98	15 003	6 95
COLOUREDS	1971		59	1 899		6 052	145	59	I	13	11	55	nil		59	16 183	7 85
WHITES	1970		5 802	891	nil	8 651	34	11 130	9 701	nil	nil	nil	7.1		11 130	27 739	0
IHM	1971		6 215	1 529	4	11 126	15	13 276	10 372	nil	3 533	72	105		13 276		39 825
SHOUTHON CHAME TORKS	A. COMPLETED COURSES	Diphtheria, Whooping Cough,	Tetanus	Diphtheria and Tetanus	Diphtheria only	Boosters	Tetanus	*Vaccinations	Poliomyelitis (oral)	Measles	Rubella	BCG (newborn)	Other	B. NUMBER OF PROCEDURES	*Vaccinations	Poliomyelitis (doses)	Injections (including Rabies)

Number of vaccinations of travellers and Bantu workseekers is not included * Number of vaccinations performed is tabled in both sections i.e. completed courses and number of procedures

APPENDIX K

REPORT OF THE MEDICAL OFFICER OF HEALTH

IMMUNISATION FOR INTERNATIONAL TRAVEL

PROCEDURES	1971	1970
Smallpox	77 348	66 376
Yellow Fever	20 491	18 589
Typhoid	1 044	. 841
Cholera	147 272	85 156
Cholera/Typhoid	1 528	8 256
Other	329	413
TOTAL	248 012	179 631

SUMMARY OF NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS ACCEPTED AND CONFIRMED

			LOCAL	1	CASES					IMPORTED	1	CASES			GRAND	B
	1.7	τ	~	-	- 6	TOTAL	T	17	7	~		E	TOTAL	J	TOTAL	AL.
	≱	ر د	A	D L	MB 1	1971 1	970	×	ن	A	n D	MB 15	971 1	1970 1	971	1970
Anthrax						liu	nil						nil	nil	nil	nil
Cerebrospinal meningitis	11		7	13	7	32	41					<u></u>	nil	nil	32	41
Diphtheria		7		7		6	13				П		_	nil	10	13
Encephalitis	85					98	80					-	nil	nil	98	80
Erysipelas	_		П	2		4	2						nil 🕴	nil	4	2
Insecticide Poisoning						nil	H					H	nil	nil	nil	1
Lead Poisoning						nil	nil					<u> </u>	nil	nil	nil	nil
Leprosy				17		17	16						_	2	18	21
Malaria						nil	nil	22			9	4	32	24	32	24
Ophthalmia neonatorum	4	6	******	35		48	62					H 	nil	nil	48	62
Pemphigus neonatorum						∞	3					<u>п</u>	nil	nil	∞	3
Poliomyelitis			*****	21		22	nil					Т	nil	nil	22	nil
Puerperal Fever				1		Н	nil					<u>п</u>	nil 1	nil	П	nil
Rheumatic Fever	21	4	_	1		27	78					<u>п</u>	nil	nil	27	78
Scarlet Fever	186	П			· ·	187	82						nil	nil	187	82
Smallpox						nil	nil			-		П	nil 1	nil	nil	nil
Tetanus				7		7	7					<u>п</u>	nil 1	nil	7	7
Trachoma				7		7	1					<u> </u>	nil	nil	2	H
Trypanosomiasis					_	nil	nil					n	11	nil	nil	nil
Typhoid Fever	7	2		22	~	29	42	1			6		10	9	39	48
Typhus (Murine)						nil	nil					п	- 11	nil	nil	nil
Viral Hepatitis	116	20	4	89	<u>m</u>	211	122			-		п	i]	nil	211	122
TOTAL	434	38	7	193	13 (685	545	23 1	nil	nil	17	4	44	35	729	580
W = WHITE C =	= COFC	COLOURED		A =	ASIAN	7	B ==	BANTU	5	MB	- 11	MINE BANTU	ANTU			

ANNUAL INCIDENCE OF TUBERCULOSIS AND DEATHS PER 100 000 POPULATION

		INCIDE	ENCE		-	DEA	THS	
	NUM	BER	RA	TE	NUM	BER	RA	TE
	1971	1970	1971	1970	1971	1970	1971	1970
A. PULMONARY							·	
Whites Coloureds Asians Bantu (Mine)	96 212 39 78	89 223 58 105	22 259 136 600	21 280 153 809	11 12 nil 3	8 12 2 3	2 14 nil 23	2 15 5 23
Bantu (Other) All races	2 894 3 319	2 712 3 187	533 299	521 297	150 176	128 153	27 15	25 14
B. NON-PULMONARY								
Whites	7 8 2 3 53	3 3 4 nil 62	1 9 5 23	0,7 4 11 nil 12	3 2 1 4 52	4 3 4 nil 35	0,6 2 2 30 9	0,9 4 11 nil 7
All races	73	72	6	7	62	46	5	4
C. ALL FORMS	102	0.2	22	22	14	1.2	2	2
	103 220 41 81 2 947		23 269 106 623 542	22 284 164 809 533	14 14 1 7 202	12 15 6 3 163	3 17 2 53 37	3 19 16 23 31
All races	3 392	3 259	306	304	238	199	21	19

APPENDIX N

REPORT OF THE MEDICAL OFFICER OF HEALTH

TUBERCULOSIS CLINICS

1	for	Whites	providing	2	sessions	weekly
5	for	Coloureds	providing	5	sessions	weekly
1	for	Asians	providing	1	session	weekly
10	for	Bantu	providing	16	sessions	weekly

17 for all races providing 24 sessions weekly

* * *

HOME VISITS BY TUBERCULOSIS STAFF

	HEA VISI	LTH TORS		ILIARY TERS
	1971	1970	1971	1970
Whites	395 394 158 4 610 5 557	465 492 292 4 737 5 986	1 079 7 977 2 155 44 611 55 822	1 760 8 843 1 343 43 346 55 292

* * *

BCG INOCULATIONS

								1971	1970
Whites Coloureds Asians Bantu All races	• •	• •	••	• •	• •	• •	• •	2 520 7 132 2 655 42 167 54 474	1 597 14 203 1 226 33 382 50 408

TUBERCULOSIS CASES RECEIVING DOMICILIARY AND OUT-PATIENT TREATMENT

/	AT	AT	PUT ON	NO	TAKEN OFF	OFF	AT	AT
	1.1.71	1.1.70	1971	1970	1971	1970	31.12.71	31,12,70
Whites	218	156	111	131	09	69	269	218
Coloureds	941	638	284	633	263	330	962	941
Asians	173	82	47	115	36	24	184	173
Bantu	8 668	7 981	4 035	5 801	3 637	5 114	990 6	899 8
All races	10 000	8 857	4 477	089 9	3 996	5 537	10 481	10 000

k k k

HOSPITALISATION OF TUBERCULOSIS CASES

	AT	AT	ADMI	DMITTED	DISCHARGED	ARGED	AT	AT
	1,1,71	1,1,70	1971	1970	1971	1970	31,12,71	31.12.70
Whites	11	6	52	57	50	55	13	11
Non-Whites	811	786	2 573	2 301	2 620	2 276	797	811
All races	822	795	2 625	2 358	2 670	2 331	780	822

GRAND	TOTAL		9 738		3 407	212 075	_		8 205		2 467	241 078	284 280	
TOTAL	RE-VISIT		7 051		2 856	193 252	0			27 522	1 962	224 264	259 970	
TO,	1ST VISIT		2 687	3 148	551	18 823	25 209		1 983	5 008	505	16 814	24 310	
CTS	RE-VISIT		926	648	53	2 699			716	717	37	2 714		
SUSPECTS	1ST VISIT		889	2 601	243	3 529			501	2 752	232	3 755		
ACTS	RE-VISIT		3 555		274	40 095	49 173		2 934		123	36 277	43 733	
CONT	1ST VISIT		1 666	468	300	12 490	14 924		1 372	2 105	259	286 6	13 723	
CASES	RE-VISIT		2 520	17 709	2 529	150 458	173 216			22 406	1 802	185 273	212 053	
CAS	1ST VISIT		132	62	∞	2 804	3 023		110	151	14	3 072	3 347	
		1971	Whites	Coloureds	Asians	Bantu	All races	1970	Whites	Coloureds	Asians	Bantu	All races	

APPENDIX Q

REPORT OF THE MEDICAL OFFICER OF HEALTH

INSPECTIONS BY HEALTH INSPECTORS

	CITY	BANTU AREAS	COLOURED AREAS
Various premises	209 994	14 651	5 393
Nuisances investigated	60 514	21 174	15 258
Infectious diseases investigated	213	165	32
Samples taken (milk, foodstuffs,			
water, bacteriological counts)	10 041	1 017	42
Food poisoning investigations	6	nil	nil
Complaints investigated	2 927	nil	nil

* * *

FOODSTUFFS FOR WHOLESALE AND RETAIL SUPPLIERS CONDEMNED

	1971	1970
	kg	kg
Canned foodstuffs	31 654	15 910
Fresh fruit (oranges)	13 200	12 791
Dressed poultry	2 624	59
Fresh Fish	15 396	4 636
Processed meat	5 116	1 473
Frozen goods	6 071	10 237
Sundry foodstuffs	7 186	4 337
TOTAL	81 247	49 443
Cream, milk, orange juice, yoghurt	552ℓ	

* * *

INSPECTION OF POULTRY AND GAME AT MUNICIPAL MARKET

	INSPECTED	CONDEMNED
Dressed poultry	nil	nil
Game carcases	1 064	11
Feathered game carcases	306	12
Live birds	57 631	582
Live rabbits	13 034	51
Guinea pigs	100	1

MEAT INSPECTION

	1971	1970
Cattle slaughtered Sheep, etc. slaughtered Pigs slaughtered Calves slaughtered Equines slaughtered	357 695 1 424 300 205 755 54 191 6 228	312 105 1 393 586 210 693 56 833 6 339
Imported meat (metric tons) Imported offal (metric tons) Meat condemned (metric tons)	28 955,053 4 133,947 2 346,753	30 234,800 4 753,473 2 183,763

* * *

MAIN CAUSES FOR CONDEMNATION OF MEAT

	1971	1970
	%	%
Cattle		
Cysticercosis	0,18	0,22
Bruising	0,13	0,20
Pleurisy and peritonitis	0,19	0,21
Gangrene	0,09	0,11
Fever	0,06	0,14
Tuberculosis	0,12	nil
Charm of o		
Sheep, etc. Pneumonia	0,04	0,04
Icterus	0,03	0,03
Emaciation	0,05	0,06
	0,01	0,03
Fever	0,02	0,02
Caseous Tymphadenii 013	0,02	,,,,
Pigs		
Cysticercosis	1,10	0,77
Gangrene	0,25	0,26
Scrotal sepsis	0,13	0,15
Pyaemia	0,13	0,14
Arthritis	0,34	0,23
Pleurisy and peritonitis	0,14	nil

APPENDIX S

REPORT OF THE MEDICAL OFFICER OF HEALTH

DAIRY HERD INSPECTIONS

	1971	1970
Number of herds	1 368	732
Number of cattle	121 451	70 670
Bulk samples tested for mastitis	2 551	2 151
Positive mastitis tests	335 (13,1%)	293
Bulk samples tested for brucellosis	2 432	1 996
Positive brucella ring tests	1 537 (63,2%)	1 248
Positive brucella agglutination tests	463 (19,0%)	314
Bulk samples tested for tuberculosis	2 456	1 996
Positive tuberculosis tests	12 (0,5%)	4
Antibiotic tests	2 291	nil
Inhibition	65 (2,8%)	nil
Penicillin	54 (2,4%)	nil

PEST CONTROL INSPECTIONS

	ВҮ	BY PEST	CONTROL
	HEALTH	OVERS	SEERS
	INSPEC- TORS	TOWN	COUNTRY
Premises inspected for rodent infestation	4 033	119 796	103 466
Anti-rodent measures without notice	1 048	nil	nil
Rodent proofing notices served	724	nil	nil
Block Surveys	12	5 937	2
Visits to premises treated or			
trapped	nil	24 586	24 281
Supervision of premises gassed	1	17	nil
Separate premises gassed Premises treated with Tifa	nil	48	23 989
machine	nil	84	nil
order from other departments Eradicating bees on municipal	nil	71	1
property Batch specimens to S.A.I.M.R	nil	98	nil
Rodents	nil	1 473	nil
Fleas (batches)	nil	nil	10

* * *

RODENTS CAUGHT OR RETRIEVED

	TOWN	COUNTRY	TOTAL
Rattus Rattus (Domestic Rat)	6 304 nil	8 456	14 760
Tatera (Gerbille)	6	996	996 6 509
Rhabdomys (Striped Mouse) Veld Rodents (Otymys Vlei Rat)	93 18	nil nil	93 18
TOTAL	6 421	15 955	22 376

Note: The total number of rodents destroyed is far in excess of the figures reflected as large scale gassing of burrows takes place without the retrieval of dead rodents.

APPENDIX U

REPORT OF THE MEDICAL OFFICER OF HEALTH

CURATIVE AND MIDWIFERY SERVICES IN THE BANTU AREAS

	1971	1970
Clinic Attendances:		
Medical and surgical	444 222	394 634
Ante-natal	57 514	57 378
Post-natal	573	447
TOTAL	502 309	452 459
Home Visits:		
Medical and surgical	62 976	59 823
Ante-natal	15 560	17 485
Post-natal	126 288	129 335
TOTAL	204 824	206 643
Confinements attended:		
Deliveries	4 759	5 110
BBA's	2 629	2 866
TOTAL	7 398	7 976
Registered Bantu births (all areas)	18 554	15 050

TOTAL	UNITS		784	533	86	77	366	54	152	38	244	174	251	77	168	3 004
	TOTAL			189	95,	7.1	352	39	143	32			131	69	156	1 234
	3 BR				26	41	157	39	81	∞			71	65	96	614
FLATS	2 BR			54		30	195		46	12		•	09		09	457
	1 BR			108					16	12						136
	BACH			27												27
	TOTAL		784	344	42	-	14	15	6	9	244	174	120	9	12	1 770
SES	4 BR		52	10										2		64
HOUSES	3 BR		418	164	42		14	15	6	9	181	174	120	4	12	1 159
	2 BR		314	170							63					547
			:	:	:	:	:	:	:	:	:	:	:	:	:	:
*			•	-:	•	•	•	•	•	•	:	•	•	:	:	•
		ECONOMIC ESTATES	South Hills Selling Scheme	South Hills Letting Units	South Hills - Reserves	Klipriviersberg - 139	Bellavista Proper	Bellavista North	Bellavista South - 132	Bellavista South - 131	Montclare	Claremont I	Claremont II	Max Goodman Park	Vredepark	TOTAL

(For Sub-Economic Units, including Flatlets for the Aged, and Summary see Appendix W)

HOUSING UNITS FOR WHITES AT 31 DECEMBER 1971

OFFICER OF HEALTH REPORT OF THE MEDICAL

UNITS 230 187 120 48 36 TOTAL 004 148 3 625 621 621 36 148 48 48 TOTAL FOR THE AGED FLATLETS 54 54 16 12 18 54 DBLE 20 30 94 94 94 SING 72 306 72 TOTAL 48 24 234 614 1 632 1 18 12 18 BR \sim 54 36 457 54 511 FLATS BR 2 136 nil BR \vdash 27 27 nil BACH 770 TOTAL 401 171 194 111 96 401 64 1 192 12 12 **4** ∞ BR HOUSES 4 102 59 45 206 365 159 206 BR 3 547 92 48 43 183 730 183 BR SUB-ECONOMIC ESTATES (including flatlets Maurice Freeman Sub-Economic (Appendix V) Jan Hofmeyr for the aged) Pioneer .. South Hills (as above) Vredepark Economic TOTAL TOTAL SUMMARY

10 SHOPS 1 GIRLS' HOSTEL (51 RESIDENTS)

2 COMMUNAL HALLS

ALS0

5 LAND SELLING SCHEMES

APPENDIX X

REPORT OF THE MEDICAL OFFICER OF HEALTH

BANTU EXAMINATIONS

	1971	1970
Workseekers examined	168 035	165 697
Medically unfit - Temporarily Permanently	543 564	568 543
Food handlers examined	246	441
Workseekrrs vaccinated	128 284	123 778
Cases of gonorrhoea found	1 259	1 144
Cases of syphilis found	1 784	1 878

* * *

DENTAL SERVICES FOR BANTU

	1971	1970
Fillings	1 437	1 622
Scalings	93	23
Extractions	56 296	56 731
Number of patients	47 627	46 602
Number of patients	47 627	40 002

APPENDIX Y

REPORT OF THE MEDICAL OFFICER OF HEALTH

DISINFECTING SERVICE: DISINFECTIONS AND DISINFESTATIONS

	1971	1970
Persons	2 386 14 2 279 4 087 6 843	nil nil nil 4 236 3 878

* * *

DISPENSARY SERVICE

777.4.0	MANUFA	CTURED	,		
YEAR	LIQUIDS	OINTMENTS	LIQUIDS	OINTMENTS	TABLETS
	l	kg	units	units	individual
1971 1970	35 636 34 068	3 051 3 351	580 092 561 493	57 884 64 731	26 926 958 27 060 150

* * *

ISSUES OF MILK POWDER

SERVICES	SKIMMED MILK POWDER	FULL CREAM MILK POWDER
A. Tuberculosis services	136 139	½ kg packs 2 916
B. All child health services	* 233 399	161 990
TOTALS -	* 369 538	164 906
1970	* 347 198	143 541

^{*} These figures include 65 416 packs (61 192) issued to the African Children's Feeding Scheme.

CONTROL OF NURSING HOMES AND INSTITUTIONS

	1971	1970
Licensed nursing homes	27 294	27 296
Charitable institutions and homes for the aged	45 158	41 131
Homes for socially inadequate and and handicapped persons	10	10
Bacteriological tests (Plates and swabs submitted to the S.A.I.M.R.)	568	154

* * *

CONTROL OF MIDWIVES

	1971	1970
Midwives listed - Whites	103 17 13 193	89 18 14 209
Inspections - Bags	95 654	99 598
Maternal deaths investigated Puerperal sepsis cases notified Pemphigus neonatorum cases notified	74 9 10	81 nil 3
Ophthalmia neonatorum cases notified Of gonococcal origin	40 6	63 16

